

serves as a medical consultant and not merely as a purveyor of technical services.

A clinical virologist should receive four years' training in virology departments of teaching hospitals, governmental agencies or universities, following at least one year's rotating internship experience after graduation from a medical school. The trainee should have frequent access to patients in order to cultivate the art of selection of virological tests and correlation of results with clinical states and epidemiological situations. He should personally conduct all currently available diagnostic tests under adequate supervision, after having received a didactic course of theoretical and practical instruction in virology. The Royal College of Physicians and Surgeons of Canada recognizes virology as an integral component of its training program and conducts examinations for the Fellowship and Certification in Bacteriology. As well, universities accept research projects on virological topics as ground work for theses of candidates proceeding to graduate degrees. Investigation of a virological problem which has a direct clinical association develops the trainee's natural talents to seek out new information and provides an opportunity to acquire a wide range of laboratory skills.

Increasing realization of the importance of viral infections as causes of illness, and the advent of comprehensive prepaid schemes of hospital and medical insurance, combined with the feasibility of undertaking a wide range of virological tests rapidly, have created an unprecedented demand for full virological services. Ideally these services should be provided by medical graduates who, in essence, are clinical consultants providing and interpreting laboratory tests.

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#### HUGH ANTHONY CLEGG

**E**LEVEN months ago, saluting Sir Theodore Fox on the eve of his retirement after nearly 40 years as editor of the *Lancet*, the editors of this Journal ruminated, "... it would be useful if a few of our best could be withdrawn from the involvements of active practice and stationed in a kind of crow's nest, from which pinnacle they could act as the eyes and ears of a gale-whipped profession ... Much is gained when a physician who has a sober, responsible, well-stocked, reflective mind and a clear eye, having by chance, choice or circumstances turned out of the main path of professional endeavour, is charged with the responsibility of sitting in the eye of the hurricane and describing things as they move about him ..."

Time and change have dislodged another giant from the summit of Olympus. At the end of this year, Dr. Hugh A. Clegg will retire from the editorship of the *British Medical Journal* after nearly 35 years on the editorial staff and 19 years as editor. Perhaps Hugh Clegg's greatest contribution to medicine, apart from editing the B.M.J., has been the part he has played in promoting the publication of a world-renowned group of specialist periodicals. When he joined its editorial staff, the B.M.A. was publishing the *British Medical Journal* and two specialist journals; now 15 specialist journals are associated with the B.M.J.

The ramifications of these years stagger the imagination. Hugh Clegg's influence extending through the B.M.J. and its satellite publications must have touched the lives of most of the physicians on this planet. In the affairs of organized medicine, men of stature emerge, play out their varied roles on the broad stage and depart, but the editor, like an obdurate monument, persists.

Dr. Clegg joined the B.M.J. staff in 1931 and was made deputy editor three years later. It was largely owing to his enterprise that radical changes were made in the printing and administration of the B.M.J. between 1934 and 1937, and to his prompt actions that the B.M.J. was printed uninterrupted during the War even though the printing plant was completely destroyed in an air-raid on May 19, 1941. Since the War and during his editorship, the B.M.J. has grown in influence and in reputation and has nearly trebled in circulation. He has recently been responsible for radical changes in the typography and layout of the Journal.

While he was Chairman of the UNESCO Coordinating Committee on Biological and Medical Abstracting, *World Medical Periodicals* was first published. He has now edited the third edition. He was also a member of the Council of the World Medical Association for a number of years and initiated (and later served as its Secretary) the First World Conference on Medical Education.

It is no accident that in paying tribute to one of these distinguished editors the name and achievements of the other are mentioned. As the personification of powerful journals they have seemed to confront each other frequently over the years, as across a narrow but deep gulf. A thoughtful study of the respective natures of the editorships of a scientific journal that is also the official organ of a national medical association, and that of an independent scientific journal that arose as a family publishing enterprise many generations ago, would make fascinating reading and would represent a genuine contribution to the medical-sociological canon. However, anyone who would measure the achievements of these two great editors must recognize that each has had particular crosses to bear, but that each, although he had different masters, has devoted himself to the same high purposes.